

<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> <b>(Under 37 CFR 1.97(b) or 1.97(c))</b>			Docket No. 41587/419
In Re Application Of: Veit Stossel			
Serial No. <b>10/579616</b>	Filing Date Herewith	Examiner TBA	Group Art Unit TBA
Title: Lumbar Support			
Address to: MAIL STOP Commissioner for Patents P.O. Box 1450 Alexandria, VA 22131-1450			
<b>37 CFR 1.97(b)</b>			
1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.			
<b>37 CFR 1.97(c)</b>			
2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:			
<input type="checkbox"/> the statement specified in 37 CFR 1.97(e);			
<b>OR</b>			
<input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).			



<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))	Docket No. 41587/419
---	-------------------------

In Re Application:  
Veit Stossel

Serial No. 10/572416 TBA	Filing Date Herewith	Examiner TBA	Group Art Unit TBA
--------------------------------	-------------------------	-----------------	-----------------------

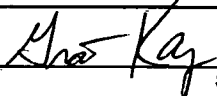
Title:  
Lumbar Support

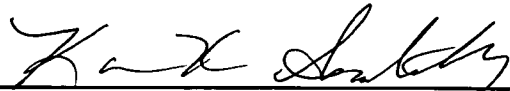
**Payment of Fee**

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of \$ is attached.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 08-3460 as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of \$
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

**Certificate of Mailing by Express Mail**

	
Signature	
Grant D. Kang, 37,651 Husch & Eppenberger, LLC 190 Carondelet Plaza St. Louis, MO 63105 314-480-1500 314-480-1505 FAX	
Date: 5/17/06	
Customer No: 029493	

I certify that this document and fee is being deposited on MAY 17, 2006 with the U.S. Postal Service as Express Mail under 37 C.F.R. 1.10 and addressed to Mail Stop, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22131-1450	
Express Mail No.: EV697644395US	
	
Signature of Person Mailing Correspondence	
Karen K. Sonstebly	
Typed or Printed Name of Person Mailing Certificate	



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

**(Use as many sheets as necessary)**

**Complete if Known**

Where It Known  
10/579616

Application Number	TBA
Filing Date	Herewith
First Named Inventor	Veit Stossel
Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	41587-419

Sheet	1	of	1
-------	---	----	---

## U. S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	FOREIGN PATENT DOCUMENTS				T <sup>6</sup>
		Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	MM-DD-YYYY			
/R.W./		DE 33 41 389 A1	05/30/1985	Bayerische		
/R.W./		DE 297 06 397 U1	07/03/1997	Megaplast S.A.		
/R.W./		EP 0 563 709 A	10/06/1993	Fiat Auto S.p.A		
/R.W./		EP 0 970 639 A	01/12/2000	Provenda Market		
/R.W./		JP 2001-286366A	10/16/2001	Nissan Motor	Abstract	

Examiner Signature	/Rodney White/	Date Considered	04/01/2008
-----------------------	----------------	--------------------	------------

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

**If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.**

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /R.W./